

Satisfaction with Information about Medicare



Abt Associates Inc.

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Executive Summary

This report examines the satisfaction levels of beneficiaries concerning the information they have about Medicare, and the usefulness of the sources of information they contacted. The data come from a series of community surveys done as part of a NMEP monitoring activity for CMS conducted by Abt Associates in six cities (Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene). Data is available for samples of beneficiaries drawn in each site in four waves: during October 1998 (before the mailing of the Handbook), and during January/February of 1999, 2000, and 2001. The telephone survey asks questions about sources and frequency of information used, satisfaction with information, knowledge of Medicare, situational events that might prompt needs for information, and demographic questions.

Overall, about eighty percent of all beneficiaries we surveyed are satisfied or very satisfied with the stock of the information they have about Medicare. Only one percent say they are very dissatisfied.

We also examined beneficiary search outcomes in more detail by focusing on these beneficiaries we surveyed who reported seeking information about particular Medicare topics in the prior twelve months. We asked about information-seeking activities pertaining to three types of broad question areas that might be posed by beneficiaries about Medicare: claims/ billing issues, supplemental insurance issues, and managed care issues. About 37 percent of the beneficiaries we surveyed had sought information on one or more of these topics during the past year, and about a third of these persons reported seeking information on more than one of the issue areas.

Most of these beneficiaries who said they sought information on one or more of these topics in the past year were successful in finding a source for it (77 percent of those who reported seeking the information). This information usage includes both official Medicare sources of information, as well as other community sources. Nearly all of the beneficiaries who found any source of information reported that their questions were answered (about 90 percent). There is also a clear trend over time of increasing success by beneficiaries in finding sources for their questions on these three issues.

CMS sources of information have also been increasingly useful to beneficiaries. In the 2001 survey, about one third of beneficiaries seeking information on Medigap insurance issues turned to CMS sources, up from 11 percent two years ago. The number of beneficiaries who mentioned CMS as a source of information about managed care questions has approximately doubled every year since we began conducting the survey, and now stands at 17 percent of those with questions on this topic. These increases in reliance on official Medicare sources for information on the three topics we asked about may be an effect of NMEP information supply policies. We have no direct test for this hypothesis.

Knowledge of Medicare (which we examined by means of a short battery of true/false questions) is an important factor in understanding the success in finding information, and in understanding the level of satisfaction. Persons knowledgeable about Medicare are more satisfied with information and more likely to find a source and an answer to their question.

The direction of causality is not possible to know, however. We cannot say whether those seeking and finding information learned more about Medicare, or whether persons who knew more about Medicare were more likely to seek information and knew where to look.

A significant and identifiable minority of beneficiaries remain dissatisfied with their stock of Medicare information and, when they seek information, are less likely to get their questions answered. These persons tend to have low levels of formal education, are less knowledgeable about Medicare, and are those confronted with unusually difficult life events during the past year, particularly financial hardship. There is some indication that the eldest beneficiaries are not as satisfied as others. There is not evidence here of substantial difference in beneficiary satisfaction or information seeking outcomes across sites, for racial minorities, or for other sub populations.

1.0 Introduction

The Balanced Budget Act of 1997 created an array of new managed care and other health plan choices for Medicare beneficiaries and established a coordinated open enrollment process. These new choices require CMS to undertake the most extensive beneficiary education program in the Agency's history.¹ CMS's strategic goals include

- Protect and improve beneficiary health and satisfaction and
- Promote beneficiary and public understanding of CMS and its programs.²

In order to achieve these goals, CMS implemented the National Medicare Education Program (NMEP), an educational program to enable beneficiaries to become active, informed participants in their health care choices. It set the following goals:³

- Improve the utility and accessibility of information about CMS's programs and health care delivery systems.
- Provide health plans and providers, contractors, states, and other partners timely, accurate, and complete information and other necessary assistance to support their work in service to CMS program beneficiaries.
- Establish and maintain communications with Tribal and other American Indian/Alaska Native (AI/AN) organizations; ensure that the Tribes are informed of proposed changes; seek input from Tribes in areas where changes to our programs have potential impact to the AI/AN community.
- Formulate communication strategies to meet the needs of the public and evaluate the effectiveness of those strategies.
- Establish communication standards to ensure timely and consistent access to comparative information on CMS programs and health delivery system options.
- Apply technological innovations as a means to reach our constituents, partners, and stakeholders.
- Contribute information about the health care system from CMS's perspective and participate in national health care discussions.
- Establish mechanisms to increase the usefulness of CMS's Internet home page through activities such as expanding content and establishing additional links from other sites.

As part of the monitoring component of this program, Abt Associates Inc. has been conducting an annual survey of Medicare beneficiaries in six sites to ask them about their experiences in obtaining information about Medicare and how they use the information. The most recent of these surveys

¹ Health Care Financing Administration, *Strategic Plan* p 15 (September 1998) Publication No. HCFA-02135

² *ibid.* p 37

³ *ibid.* p 41

was conducted in February 2001. The sites were Sarasota, Tucson, Springfield MA, Dayton, Olympia and Eugene.⁴

This paper describes responses to the items on the survey that ask about beneficiary satisfaction and other search outcomes pertaining to specific instances of beneficiary-initiated search for information. These search outcomes are (1) the self assessed utility of the information received, and (2) whether the information answered the beneficiary's questions. Other companion reports prepared by Abt Associates examine the survey data in more depth regarding; (a) the factors associated with seeking and using Medicare information (by Wilwerding and Gaumer), (b) the information using behavior of special sub populations (Gaumer and Korda), (c) the usage of the *Medicare and You* handbook (Brant and Joseph), (d) the use of managed care information and persons in managed care (Barth), and (e) information use and related outcomes for the involuntarily dis-enrolled beneficiary population (Grad and Hassol).⁵

This paper is organized as follows. In section 2.0 we describe the methods used to gather and analyze the survey data, including a descriptive examination of the key measures of interest in this paper: satisfaction with the beneficiary's stock of Medicare information, usefulness of the information sought by the beneficiary, and whether the sources discovered by the beneficiary provided an answer to the questions for which information was sought. In section 3.0 we examine the satisfaction outcome, and the extent to which the beneficiary's knowledge of Medicare contributes to satisfaction. In section 4.0 we present results of our analyses of the factors associated with beneficiary satisfaction. Section 5.0 offers results of our analyses of the usefulness of information and the extent to which questions were answered. In section 6.0 we examine the factors associated with success in finding a source for information. Section 7.0 provides a short summary of findings.

⁴ These sites were selected in 1998 to include a city in each of the five pilot states that CMS had selected for the NMEP. The sixth site (Springfield) was selected as a comparison.

⁵ These mentioned draft reports, among others, were prepared by Abt Associates under contract CMS-95-0062, T.O. #2.

2.0 Methods

2.1 Community Survey

The data in this report came from our NMEP Community Monitoring Survey, which was a telephone interview with beneficiaries in selected sites who were living at home. We excluded several groups, including those whose telephone numbers we could not find, those whose physical or mental impairments prevented telephone interviews, those eligible for Medicare because of ESRD, and non-English speakers. In addition, a pilot administration of the survey yielded extremely low response rates for beneficiaries over 85 years of age. We excluded this age group from all subsequent administrations of the survey, so results apply only to beneficiaries under the age of 86.

The survey collected data about the sources beneficiaries turn to for information on Medicare, how well they are aware of, and understand some components of, the Medicare+Choice expansion, whether they need more information than they perceive to be available, whether they received and used the handbook, and their feedback on the handbook. We administered the survey in four waves: in fall of 1998 (before mailing the handbook), and in the early months of 1999, 2000, and 2001 (after the annual handbook mailings were completed). This approach gathers trend information on changes in: awareness of some of the Medicare+Choice expansions; where beneficiaries go to find Medicare information; overall rates of information seeking; whether they are aware of the many information resources available to them; perceptions of the handbook; and satisfaction with its information.

We drew our samples from a complete list of beneficiaries living in each of the study communities from CMS administrative files. We then matched telephone numbers for those who could be found in directories. One-third of the beneficiary names and addresses did not yield telephone numbers, sometimes because beneficiaries were in institutions. From 1998 to 2000 overall response rates ranged from 41 to 54 percent. This year 44 percent of eligible beneficiaries responded in the six study sites. Our total sample size for the 2001 survey was 2,986 beneficiaries, of whom 8 percent were disabled beneficiaries under the age of 65, 55 percent were aged 65-74, and 38 percent were aged 75-85. Total sampling sizes for previous years were 2,349 beneficiaries in 1998, 2,473 beneficiaries in 1999, and 2,382 beneficiaries in 2000.

The 2001 sampling design differed in two important respects from earlier years. First, we added a sampling stratum for beneficiaries identified as non-white by CMS files.⁶ Second, we added a sampling stratum for “involuntarily disenrolled” beneficiaries in Sarasota, Tucson, and four new sites who experienced significant managed care plan termination. As a result, beneficiaries in these over-sampled groups made up a much higher percentage of our sample than they did of the general beneficiary population. To produce estimates of population percentages, we weighted the data by the inverse of the sampling fraction. In this report, we use data from only the basic six-site sample (Sarasota, Dayton, Tucson, Springfield, MA, Olympia, Eugene).

⁶ In all our analyses, we use beneficiaries’ self-descriptions to classify race and ethnicity. These sometimes differ from CMS’s classification, but most beneficiaries whom CMS identifies as non-white also describe themselves that way.

2.2 Dependent Variables

We used three items on the survey as dependent variables. Early in the interview, we ask,

(1) I'd like to get your general impressions: how satisfied or dissatisfied are you with information you have about the Medicare program? Would you say you are . . .

---Very satisfied,

---Satisfied,

---Neither satisfied nor dissatisfied,

---Dissatisfied, or

---Very dissatisfied?

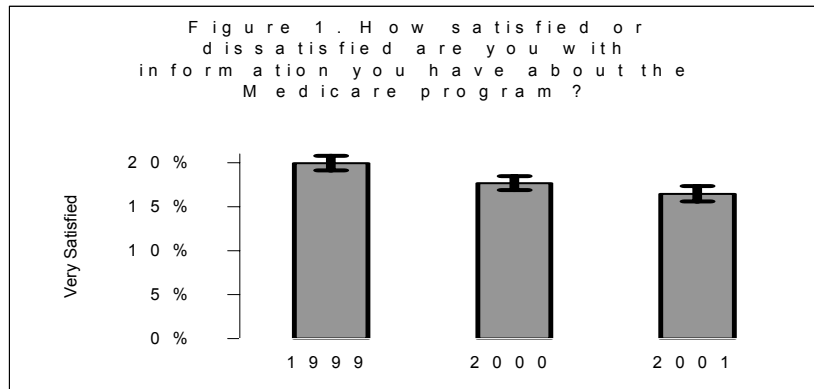
In the most recent survey (February 2001) about eighty percent of beneficiaries are satisfied with the information they have about Medicare (Table 1). Only one percent say they are very dissatisfied. Note that this question about satisfaction is a general inquiry about how the respondent feels about their stock of information about Medicare. Satisfaction as measured here does not relate to particular channels (some beneficiaries did not report using any) or to particular episodes of search (many beneficiaries we surveyed about overall satisfaction did not report searching for information at all).

Table 1
Satisfaction with Medicare information, by year

How satisfied or dissatisfied are you with information you have about the Medicare program?	All years	1999	2000	2001
Very Satisfied	18%	20%	18%	16%
Satisfied	65%	65%	66%	64%
Neutral	10%	8%	11%	12%
Dissatisfied	6%	5%	5%	6%
Very dissatisfied	1%	1 %	1%	1%

Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

There is a modest, but obvious trend in satisfaction levels as shown on Table 1. Satisfaction levels are falling slightly (influenced primarily by the declines in the percent of beneficiaries who say they are very satisfied). Figure 1 below shows the basic trend in graphic terms, with the small bars representing one standard deviation. Our data do not permit direct analysis of this trend. This decline may be associated with changing circumstances in the marketplace, or other many other factors.



Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

On the survey we also asked whether beneficiaries had looked for information on each of three topics:

- resolving a billing or claims question or about what medical services Medicare covers;
- Medicare Medigap (supplemental) insurance policies, and
- HMOs or managed care.

More than a third of beneficiaries said yes to searching for information on at least one of these topics (see the first column of Table 2).

Table 2
Usefulness and Result of Information on Selected Topics

Topic of question	Beneficiaries who sought information in the past year	How useful was the info for those who sought it ?			Did the information you got answer your question?
		Very useful	Somewhat useful	Not useful at all	
Any of the three topics	37.1%	39.8%	48.4%	11.7%	76.7%
On claims/ benefits	19.7%	40.5%	47.7%	11.9%	77.3%
On Medigap	15.1%	34.3%	54.2%	11.5%	75.2%
On Managed care	20.4%	43.6%	44.6%	11.7%	77.2%

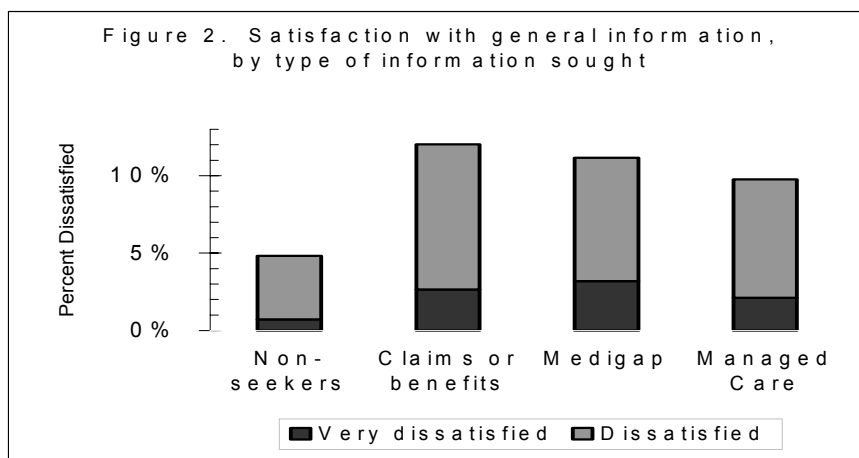
Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

To create the second dependent variable, we asked these persons who said they sought information on one or more of these topics some additional questions, one being:

- (2) Thinking of all of the information you have received in the past year [about this topic] how useful was the information in answering your question(s)? Was it ...
- Very useful,
 - Somewhat useful, or

---Not useful at all?

Table 2 shows that nearly 90 percent of beneficiaries who searched for information on these three topics found the information they got useful or very useful (center columns of Table 2). The descriptive statistics here suggest that those seeking managed care information found the yield more useful than the did persons seeking other types of information; and persons seeking information about supplemental insurance were least likely to find the information they found ‘very useful’. Figure 2 below highlights this difference.



Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

If the beneficiary responded that the search for information on one or more of these three topics was either very or somewhat useful, we then asked a follow up question. This became our third dependent variable:⁷

(3) Did the information you received answer your questions (yes or no)?

About ¾ of all persons who sought information judged that the information they got answered their question (see the last column in Table 2). There are no differences in this outcome for persons who sought information of different types.

Figure 2 also describes the difference in information satisfaction levels between persons who sought answers to questions during the past 12 months, and other persons who did not seek one of these types of information. Overall, beneficiaries who sought information had a higher dissatisfaction level with information than persons who did not seek information at all.⁸ Beneficiaries who actively

⁷ In the analysis which follows, we assumed that beneficiaries who rated the information as “Not useful at all” would have said that their questions were not answered. This is not necessarily the case. Beneficiaries who lost claims disputes or found that the coverage they were seeking was either unavailable or too expensive may have rated the information as not useful because their question was completely answered and they didn’t like the answer.

⁸ The group we describe as non-seekers probably includes some who had questions on topics other than the ones we mentioned, and so dilutes the contrast between those we identify as seekers and those we do not.

looked for information, especially on claims/benefits, or supplemental insurance, were much less satisfied with the general information available to them than those who had no questions.

Summarizing, over the past 12 months slightly more than a third of beneficiaries we surveyed sought information about one or more of three topics (claims/supplemental insurance/HMOs) and about 80% of them found the information useful. However, among these persons who sought information, only 40% rated the answers *very* useful. Twelve percent said the answers were not useful at all, and nearly a quarter (23%) did not find the answer to their question (although they may have found some useful information.) Beneficiaries who had questions about Medigap or supplemental insurance were less satisfied with the answers than those whose questions concerned either managed care or claims and benefits issues.

These measurements are ambiguous in two important respects. First, when respondents tell us that the information was less than useful, they may mean that the question was not answered, but they may also mean that the question was decisively answered, but they did not like the answer. If, for example, they wanted to know if their insurance covered some expense, and found that it did not, they might rate this as unsatisfactory information, even though it was the quality of their coverage, rather than the information about it, that disturbed them. Second, these broad topics encompass a range of specific questions, some of which are undoubtedly more difficult to answer than others. Thus, differences that we observe may partly reflect the complexity of the underlying issue.

2.3 Independent Variables

Several characteristics of beneficiaries are important predictors of their satisfaction and their success in finding answers to their questions. In sections 4, 5, and 6 below, we report regression equations that express the relationship between beneficiaries' characteristics and the outcomes of their search for information. To analyze whether questions were answered, the following variables were available:

- Disabled or aged eligibility status,
- Geographic location (site),
- Age, sex, race, and ethnicity,
- Membership in a managed care organization,
- Highest school grade completed,
- Marital status and living arrangements,
- Health status,
- Income,
- The particular sources of information the beneficiaries consulted in seeking to answer their question,
- Knowledge of Medicare, and
- Critical situations encountered (spouse died, plan left Medicare, etc.).

2.4 Analytic Methods

All of our findings are based on regression analyses of pooled survey data from 2000 and 2001. The regressions incorporate a term that adjusts the dependent variable for differences between the two years.

To analyze satisfaction and usefulness, we used ordered logistic regression to test beneficiary characteristics associated with having higher levels of expressed satisfaction or utility. The ordered logistic model assumes that a continuous scale underlies the ordinal responses, and that each beneficiary's score on this scale is estimated by a linear combination of the independent variables. The technique estimates 'cutpoints' in the resulting scale and assumes that the categories of the response correspond to the intervals between cutpoints.

For the analysis of the other outcomes (the yes/no outcome of whether the beneficiary's question was eventually answered), we used logistic regression.

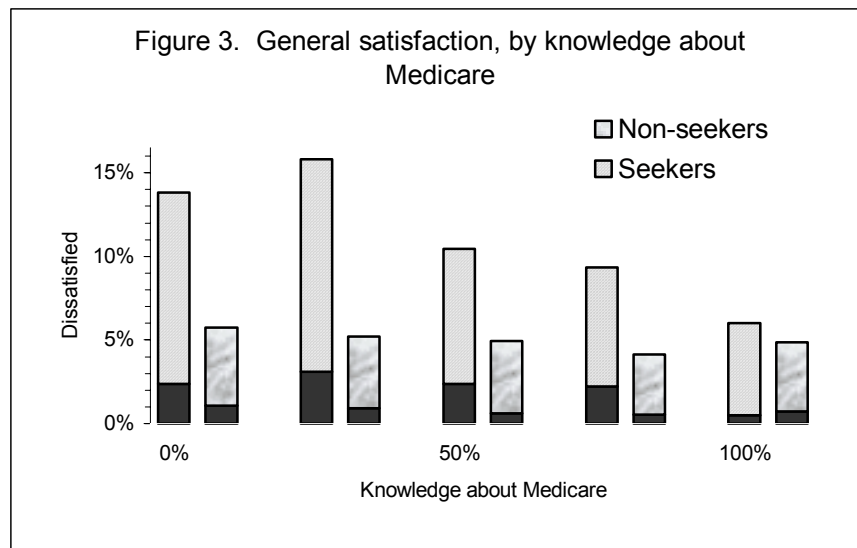
Since the sample was stratified and weighted (that is, some beneficiaries had more chance to be included in the sample than others did) we used the sample survey versions of these estimates provided by STATA version 6.0. Table 3 below shows the results of these regressions for general satisfaction. Tables 4 and 5 below show similar regressions for the usefulness of information obtained as a result of a search, and whether the question was finally answered.

3.0 Knowledge and Satisfaction

Knowledge about Medicare is both an outcome of the NMEP activities, and a crucial determinant of the effectiveness with which beneficiaries understand their situation, and how efficiently they can search for needed information. We measured knowledge of Medicare on the survey by asking seven true false questions:

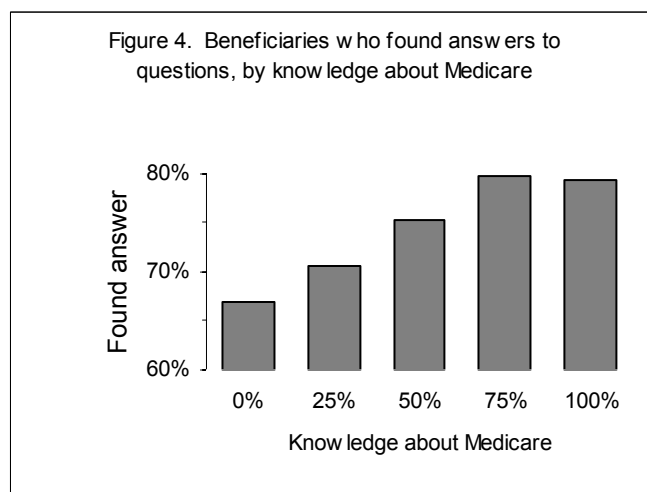
- Medicare doesn't cover everything.
- You do not have to leave Medicare if you join an HMO.
- You can leave an HMO at any time.
- You can appeal an HMO's treatment coverage decision.
- Medicare covers colon cancer screening.
- Medicare covers mammography screening.
- HMOs can periodically change their fees and benefits.

Knowledge and satisfaction are positively related for beneficiaries who sought information (Figure 3). Among non-seekers, those who answered all of our knowledge questions correctly were about as satisfied as those who answered none of them.



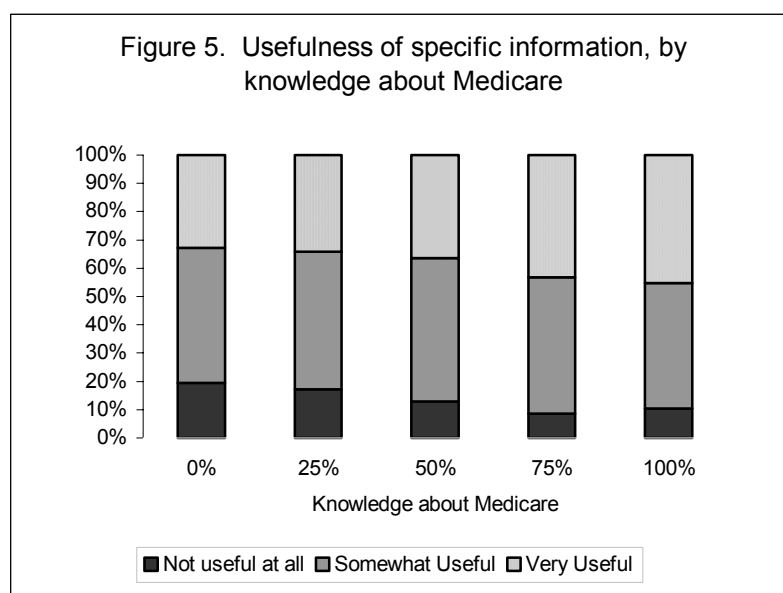
Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

In contrast, when beneficiaries said they sought information on some topic, those who were best informed — in general, not just on the topic of their search — were most satisfied with their information. Those who were least knowledgeable about Medicare were most dissatisfied with their extent of information about Medicare. We cannot say whether this encouraging relationship between knowledge and satisfaction is causal in either direction, though it tends to add to our confidence in the satisfaction measure. More knowledgeable beneficiaries also seem to do a better job of finding answers to their specific questions (Figure 4).



Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

Beneficiaries who can answer these seven questions about Medicare are significantly more likely both to find the information they seek, and to rate that information as highly useful (Figure 5). We also know from the survey (not shown) that those who dropped out of high school, or attended only a vocational school, are least likely to be satisfied with their stock of Medicare information. Those with graduate educations were most likely to find the information they were looking for, and high school dropouts were least likely. However, when both education and the more specific knowledge measure of the true-false items is included in the model, schooling is no longer a significant predictor of the outcomes of the search. This suggests that the ability to resolve health care finance questions depends primarily on actual specific knowledge of the subject, not general schooling.



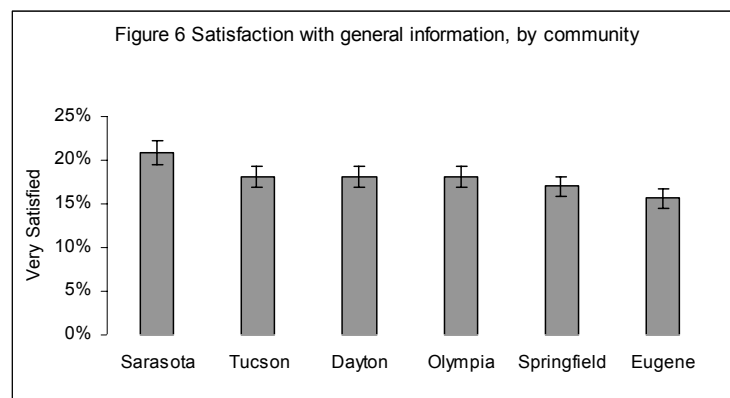
Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

4.0 Beneficiary Characteristics Associated with Satisfaction

We conducted a multivariate statistical analysis to determine what factors are associated with the level of beneficiary satisfaction with the information they have about Medicare. Table 3 shows three regression equations that model responses to the question, “How satisfied or dissatisfied are you with information you have about the Medicare program?” The sample for this work is all respondents from the 2000 and 2001 surveys. The three models shown in Table 3 differ in terms of the independent variables that are included. The first model includes only basic exogenous variables.⁹ The second model adds variables indicating whether the beneficiary sought information of one or more of the three types (claims/supplemental insurance/HMOs). The third model adds the knowledge variable.

The responses are scaled with 1 representing “very satisfied,” and 5 representing “very dissatisfied,” so positive coefficients in the models correspond to lower levels of satisfaction. Several of the variables in the models have such positive coefficients, and are thus associated with dissatisfaction (or negatively correlated with satisfaction).

- **Trend:** respondents interviewed in 2001 expressed slightly lower satisfaction than those interviewed in 2000 (as shown earlier in Figure 1).
- **Sites differ modestly but statistically significantly in expressions of satisfaction** (Figure 6 below also shows this).
- **Participation in a managed care plan is associated with lower satisfaction levels.**
- **Knowledge of Medicare issues is positively correlated with satisfaction.**
- **Men and older beneficiaries are more satisfied than women and younger beneficiaries are.**
- **Beneficiaries in poor health or facing financial difficulties reported lower satisfaction levels.**
- **Those whose doctors left managed care or whose employee retirement benefits changed were less satisfied than beneficiaries who had not experienced these events were.**



Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt

⁹ Some variables (like knowledge) are likely to be co-determined with the decision to search for information on how satisfied one is. Including such measures in regression models may result in biased regression models may result in biased coefficients. We provide a basic model which does not include such factors, and separate models where such measures are introduced.

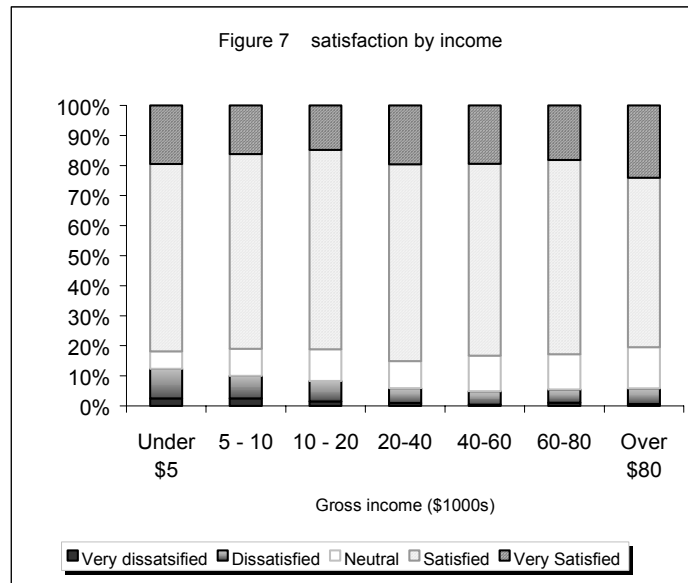
Table 3
Multivariate Analysis: Beneficiary Satisfaction with Information they have about Medicare

	Model 1		Model 2		Model 3	
	Coefficient	P	Coefficient	P	Coefficient	P
Mean	2.091		2.091		2.091	
Community Effects						
Sarasota	0.113	0.335	0.143	0.208	0.110	0.331
Dayton	0.193	0.076	0.217	0.043	0.188	0.082
Tucson	0.342	0.005	0.347	0.003	0.320	0.007
Eugene	0.310	0.005	0.319	0.003	0.319	0.004
Olympia	0.231	0.044	0.244	0.032	0.230	0.043
Trend (Year)	0.127	0.056	0.129	0.050	0.146	0.027
In Managed Care	0.258	0.001	0.278	0.000	0.332	0.000
Highest grade	0.039	0.064	0.025	0.216	0.041	0.049
Not Live alone	-0.011	0.891	-0.045	0.575	-0.040	0.617
Female	0.171	0.014	0.177	0.010	0.197	0.004
Black	0.337	0.063	0.274	0.183	0.206	0.318
Hispanic	0.141	0.525	0.077	0.734	0.136	0.545
Disabled	0.082	0.582	0.089	0.546	0.034	0.821
Over 75	-0.268	0.000	-0.206	0.004	-0.239	0.001
Poor health	0.143	0.000	0.122	0.001	0.117	0.001
Life events in past year:						
Health worse	0.004	0.961	0.003	0.974	0.020	0.807
Financial Difficulty	0.618	0.000	0.538	0.000	0.512	0.000
HMO left Medicare	0.183	0.278	0.186	0.233	0.200	0.199
Spouse Died	-0.218	0.214	-0.276	0.108	-0.271	0.114
Retirement benefits changed	0.252	0.012	0.182	0.070	0.211	0.036
Doctor joined HMO	-0.077	0.426	-0.108	0.259	-0.077	0.422
Doctor left HMO	-0.008	0.949	0.055	0.659	0.070	0.571
Looked for information:						
Claims/benefits			0.323	0.000	0.341	0.000
Medigap Insurance			0.430	0.000	0.453	0.000
Managed Care			-0.083	0.390	-0.017	0.857
Knowledge of Medicare					-0.110	0.000

Source: NMEP Community Monitoring Survey 2000-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

4.1 Income

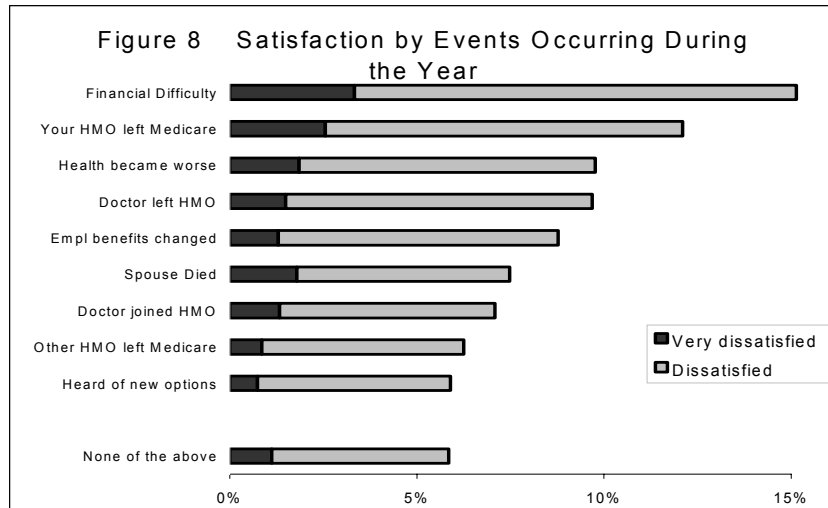
Over most of the range of incomes, higher income is associated with higher satisfaction, both in general (Figure 7) and with regard to specific questions.



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Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

However, beneficiaries in the lowest income bracket are more polarized than those with higher incomes are: more of them say that they are very satisfied, and more also say that they are very dissatisfied. On average, the lowest income beneficiaries are more satisfied with the information available to them than are those with slightly higher incomes. Unlike ability to find answers to questions (below), this pattern is not explained by knowledge or education. About 40% of these beneficiaries are covered by Medicaid as well as Medicare, compared with 20% of these at higher income levels. While this coverage may insulate low-income beneficiaries from some information needs, it also does not explain the pattern of satisfaction that we observe. When we restrict the analysis to either beneficiaries covered by Medicaid or beneficiaries not so covered, the pattern of more extreme responses among the lowest income bracket persists in each group.



Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

4.2 Life Events

Our survey contains a series of questions designed to identify life and financial crises that might affect need for information on health care or insurance. Beneficiaries facing difficult situations — particularly financial difficulties, or the withdrawal of their managed care plan from Medicare — are significantly less satisfied with the information they receive about Medicare than are those who did not report these events during the year (Figure 8). Those with financial difficulties who sought information are also less satisfied with the answers they find to questions about each of the three information topics we discuss with them, and are less successful in finding answers. Only certain events trigger this response; several others, including turmoil in other people’s HMOs, enrollment of one’s physician in a managed care plan, and hearing of new health care options, were almost irrelevant to general satisfaction.

5.0 Beneficiary Characteristics Associated With Outcomes of Information Searches

We asked beneficiaries to report outcomes if they sought information during the past year on three particular topics. For those who said they did engage in a search for information on one or more of these topics, we asked them to report two outcomes: how useful was the information and did it answer the question they had. We report here the factors associated with these two outcomes. Table 4 shows two regressions describing the outcomes of information searches conducted by beneficiaries. Both regressions are based on the experiences of sampled beneficiaries who looked for information on one or more of the three topics included in our survey. The first model shows characteristics associated with the respondent's ranking of how useful the information was, while the second model shows whether the beneficiary eventually found the answer to the question they sought information about. The usefulness variable was three valued (very, somewhat, not useful). The second dependent variable is binary (yes, no).

This analysis is based on 2,662 requests for information reported in the 2000 and 2001 surveys. Each of these "requests" is an observation for the regression. A total of 1,941 beneficiaries were involved in seeking information.¹⁰ Some beneficiaries reported multiple instances of information seeking: 487 of them sought information on exactly two topics, and 117 reported seeking information on all three topics. The unit of analysis for regressions and tables is the query. Thus beneficiaries who had two questions are counted twice and those with three questions are counted three times. Anyone who had no questions during the time period is excluded from the analysis. Regressions with duplicated counts require special treatment because observations reported by the same individual are correlated. We used STATA survey regression to estimate standard errors taking this correlation into account¹¹.

The results for each model show the measured regression coefficient and the associated probability; when $p < .05$ we would conclude that the coefficient is significantly different than zero.

The variables for measuring "community or site effects" are each measured against the omitted site; Springfield MA. Note that none of the site coefficients are statistically significant. The variable "Found any source" is set to one if any source of information (including family or friends) is mentioned, and zero otherwise. Individual sources (for example, "Doctor") are set to one if the beneficiary spoke to, or obtained reading material from, that source.

¹⁰ Beneficiaries who looked for information on more than one topic are treated as two or three cases in these equations. Because multiple responses from the same beneficiary are correlated, the standard errors are calculated using the respondent as a primary sampling unit in a two-stage sample.

¹¹ Because the analyses are based on queries, beneficiaries with higher seeking rates contribute more to the estimates than those with lower rates do. This is inherent in the survey design because beneficiaries with higher seeking rates are more likely to have raised a question in the past year than are those with lower rates. If we had asked the question with a shorter time interval (say, one month) fewer beneficiaries would have been counted twice, but those with the highest seeking rates would still have been most likely to be included in the analysis.

5.1 Usefulness of information

In Table 4 Model 1 represents a multivariate analysis of the degree of usefulness of the information sources located by beneficiaries. Responses are coded with 1 meaning “very useful” and 3 meaning “not useful at all”. Consequently, positive coefficients correspond to lower utility. The regressions on search activities suggest that information is of more utility for beneficiaries who:

- Trend between 2000 and 2001 is toward beneficiaries who reported lower levels of usefulness;
- Found a source of information report a more useful search;
- The particular sources do not seem to be associated with usefulness (other things the same);
- Knew more about Medicare topics;
- Were in good health;
- Did not experience financial difficulties during the year;
- Had questions about claims or benefits as opposed to Medigap insurance;
- Questions about managed care may have produced less useful answers than those about claims or benefits, but we are less confident that the difference did not occur through sampling error;¹²
- Differences between black and white beneficiaries and between Hispanics and others are not statistically significant.
- Persons in managed care and those living alone find the information searches more useful (these findings are almost significant).

Table 4
Multivariate Analysis: How Useful was the Information? Did You Find an Answer?

	Usefulness of Information		Found an Answer	
	Coefficient	P	Odds Ratio	P
Mean	1.750		3.062	
Community Effects				
Sarasota	0.165	0.350	0.769	0.252
Dayton	0.010	0.956	0.771	0.258
Tucson	0.171	0.307	0.824	0.378
Eugene	0.139	0.423	0.664	0.070
Olympia	0.175	0.298	0.719	0.137
Trend (Year)	0.237	0.015	0.823	0.118
In Managed Care	-0.217	0.060	1.332	0.049
Highest grade	0.010	0.748	0.996	0.922
Live with someone else	-0.230	0.072	1.272	0.115
	0.123	0.235	1.044	0.742

¹² p = .06

Table 4
Multivariate Analysis: How Useful was the Information? Did You Find an Answer?

	Usefulness of Information		Found an Answer	
	Coefficient	P	Odds Ratio	P
Female				
Black	-0.376	0.106	1.320	0.405
Hispanic	0.205	0.471	0.882	0.757
Disabled	-0.143	0.418	0.857	0.445
Over 75	-0.183	0.121	1.092	0.549
Poor health	0.131	0.011	0.900	0.098
Life events in past year:				
Health became worse	-0.053	0.646	0.806	0.128
Financial Difficulty	0.276	0.037	0.763	0.082
Your HMO left Medicare	0.083	0.626	1.193	0.441
Spouse Died	0.113	0.739	0.993	0.986
Employee retirement benefits changed	-0.146	0.272	1.064	0.706
Doctor joined HMO	0.108	0.394	0.974	0.876
Doctor left HMO	-0.033	0.826	0.837	0.321
Looked for information on:				
Claims or benefits (omitted)				
Medigap insurance	0.350	0.000	0.765	0.033
Managed Care	0.189	0.107	0.712	0.015
Knowledge of Medicare	-0.937	0.000	3.427	0.000
Found any source	-0.284	0.061	1.762	0.003
Doctor	0.203	0.161	0.726	0.073
Senior Center	0.000	0.999	0.782	0.226
Social Security	-0.267	0.200	1.039	0.883
Medicare Office	-0.011	0.928	0.775	0.106
Insurance or HMO	-0.133	0.263	0.874	0.393
Health Fair	-0.491	0.095	4.635	0.059

Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene

5.2 Finding Answers to Questions

The second model in table 4 shows the results of a logistic regression describing factors associated with finding answers to questions about one of the three topics covered in our survey. The dependent variable here is the odds of finding an answer to the question (given the beneficiary self-

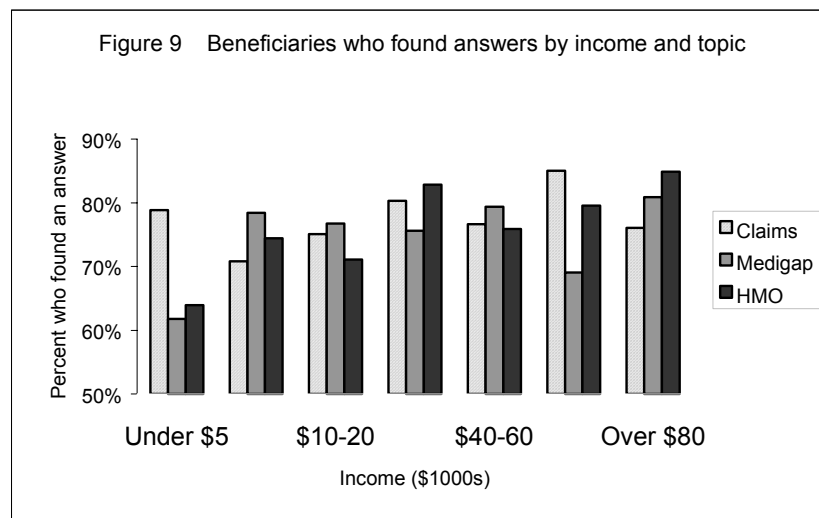
reported seeking Medicare information on one or more of the three topics).¹³ Coefficients with values >1 are interpreted as being associated with a higher likelihood of getting an answer than other persons; coefficients of <1 are interpreted as factors associated with a lower than average likelihood of getting an answer, other things the same.

The following factors significantly raise the odds of ultimate success of finding an answer in the beneficiary's search for information:

- **Finding a source of information** (As with the utility question, once a source was found, the nature of the source was relatively unimportant, with one possible exception. The one or two percent of beneficiaries who reported getting information from a health fair were about half as likely to come away with questions unanswered as those who consulted other sources.)
- **Knowledge of Medicare topics.** About 60 percent of beneficiaries with the lowest knowledge scores found answers to their questions, compared with about 80 percent of those with the highest scores.
- **Beneficiaries with questions about Medigap insurance or managed care were less likely to find answers than were those with questions about claims or benefits.**
- **Questions about managed care may have produced less useful answers than those about claims or benefits, but we are less confident that the difference did not occur through sampling error.**¹⁴
- **Differences among black, Hispanic, and white beneficiaries are not statistically significant.**

5.3 Income

Income is significantly related to search outcomes, but the relationship is complex. Higher income beneficiaries are systematically more likely to find the information they seek than those with lower incomes (Figure 9). This difference, however, is largely due to the fact that higher incomes are

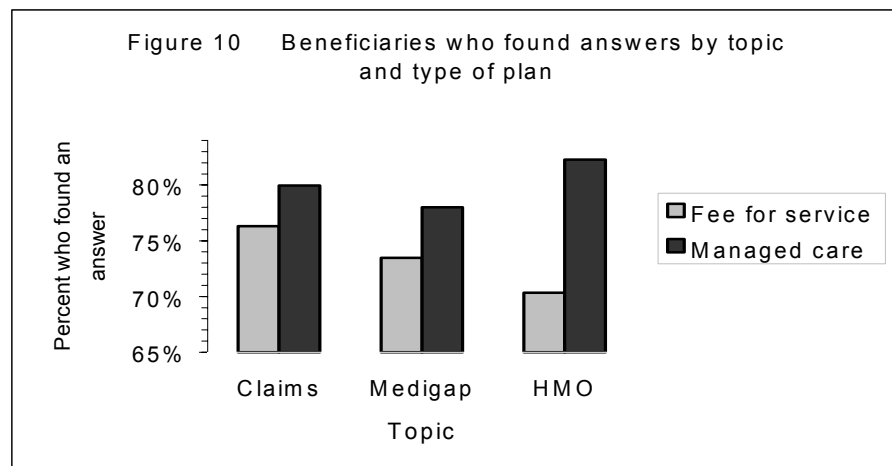


¹³ Beneficiaries who looked for information on more than one topic are treated as two or three cases in these equations. Because multiple responses from the same beneficiary are correlated, the standard errors are calculated using the respondent as a primary sampling unit in a two-stage sample.

associated with more schooling and better knowledge of health care finance. When these factors are included in the equation, the effect of income on success is no longer significant, and when these and all other available beneficiary characteristics are controlled, higher income beneficiaries are no more likely to find answers than anyone else is.

Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

Only 15% of beneficiaries with managed care plans reported being very satisfied with their information, compared with 19% of other beneficiaries. Not surprisingly, half of all questions asked by managed care members concerned managed care. They find answers to 82% of these questions, while non-HMO members who have questions about managed care find answers only 70% of the time (Figure 10).¹⁵ They are also much more likely than non-members are to rate the information as useful. HMO members who seek information on other topics are also slightly more successful than non-members with questions about the same topics, but the differences are much smaller.



Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

¹⁴ $p = .06$

¹⁵ The substance of the questions is surely different: managed care members are probably discussing a specific issue with their plan, while non-members have more general questions.

6.0 Finding a Source of Information

One of the most important (and obvious) factors in determining whether beneficiaries find answers to their questions on one of the three topics is their ability to locate a source of information.

Twenty-one percent of beneficiaries who had questions were unable to find anyone to talk to or anything to read. Table 5 shows a logistic regression designed to find out who these people were. The dependent variable here is the odds of finding a source, given the beneficiary self reported seeking Medicare information on one or more of the three topics.¹⁶ Coefficients with values >1 are interpreted as being associated with a higher likelihood of finding a source than other persons; coefficients of <1 are interpreted as factors associated with a lower than average likelihood of finding a source, other things the same.

We identify several factors that contribute to finding at least one source of information (including family or friends) that can help with beneficiaries' questions.

- Sources of information about Medigap insurance and managed care were harder to find than sources for questions on claims and benefits.
- Managed care members were more likely to find a source of information.
- Better educated (as measured by schooling) and more knowledgeable (on our test) beneficiaries had a better chance of locating a source.
- Black and Hispanic beneficiaries may have had problems finding sources, although the samples are not large enough to allow high confidence.¹⁷
- Those over 75 years of age or in poor health had more difficulty than others did in finding sources of information.
- The number of beneficiaries who successfully find a source of information has been increasing each year. This has been primarily due to increases in the use of Medicare offices and help lines (Figure 11).
- Sarasota is the only site where there is a significant difference from Springfield (the omitted site). The odds are higher in Sarasota for someone seeking information to locate a source.

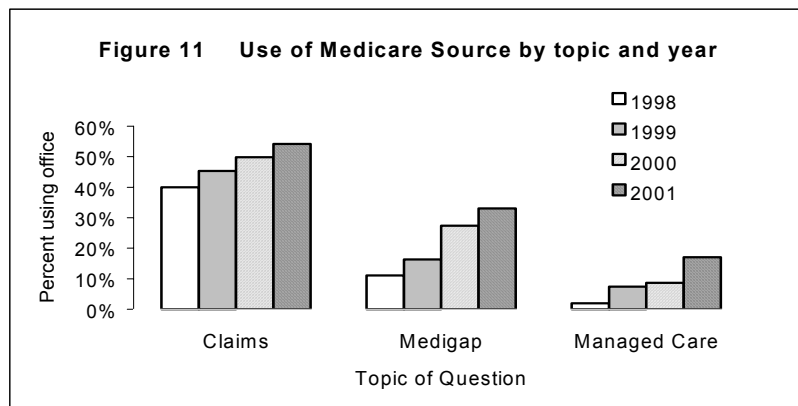
¹⁶ Like the regressions forming Tables 4 and 5, beneficiaries who looked for information on more than one topic are treated as two or three cases in these equations. Because multiple responses from the same beneficiary are correlated, the standard errors are calculated using the respondent as a primary sampling unit in a two-stage sample

¹⁷ $p = .08$ for black beneficiaries and $.45$ for Hispanics

Table 5
Multivariate Analysis: Odds of Find a Source of Information

	Odds Ratio	P
Mean	3.062	
Community effects		
Sarasota	1.555	0.035
Dayton	1.058	0.780
Tucson	0.991	0.963
Eugene	0.953	0.821
Olympia	0.749	0.149
Trend (Year)	1.582	0.000
In Managed Care	1.322	0.035
Highest grade	1.071	0.056
Live with someone else	1.037	0.796
Female	1.076	0.553
Black	0.557	0.076
Hispanic	0.752	0.448
Disabled	1.409	0.143
Over 75	0.662	0.003
Poor health	0.895	0.053
Looked for information on		
Claims or benefits (omitted)		
Medigap insurance	0.709	0.011
Managed Care	0.779	0.074
Knowledge of Medicare (7 items)	2.919	0.000

Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.



Source: NMEP Community Monitoring Survey 1999-2001 conducted by Abt Associates in Tucson, Sarasota, Dayton, Springfield MA, Olympia, and Eugene.

7.0 Conclusion

Eighty percent of beneficiaries are satisfied with their information about Medicare. Only seven percent are dissatisfied. Most beneficiaries, however, did not actively seek information during the period covered by our surveys. The 37 percent of beneficiaries who did search on one or more of these specific topics were less satisfied with the general quality of information than were those who had no questions to resolve. Beneficiaries facing financial difficulties or poor health, and those with limited education or knowledge of Medicare facts are least satisfied. The annual search rate on these three topics (claims, supplementary insurance, HMOs) of 37 percent is modest, and probably more in line with the MCBS than other information seek rate estimates for our monitoring survey. Unfortunately, it is not possible to conclude that there remain others in the beneficiary populations in these sites (the other 63%) who have unmet needs for information and do not seek answers.

When these beneficiaries have questions about Medicare, finding a source of information is the critical step in getting an answer. Nearly all (90 percent) beneficiaries who found any source of information reported that their questions were answered. Limited education, old age, and poor health are all barriers to finding information sources. Although our sample of minorities limits our confidence in generalizing about their experience, it appears that black and Hispanic beneficiaries have more difficulty locating sources than do others.

Questions about claims and benefits are more likely to be answered than are questions about managed care or Medigap insurance policies, and beneficiaries are more likely to turn to HCFA sources for claims questions than for others. More than half of beneficiaries with claims questions mention a Medicare office or helpline as their source of information. HCFA sources have also been increasingly useful as a source of information about other questions. One third of beneficiaries seeking information on Medigap insurance turned to HCFA sources, up from 11 percent in our first survey. The number of beneficiaries who mentioned HCFA as a source of information about managed has approximately doubled every year since we began conducting the survey, and now stands at 17 percent of those with questions on this topic.

These patterns of evidence on beneficiary use of information are logical and encouraging. There are a significant and identifiable minority of beneficiaries remain dissatisfied with their stock of Medicare information and, when they seek information, are less likely to get their questions answered. These persons tend to have low levels of formal education, are less knowledgeable about Medicare, and are those confronted with unusually difficult life events during the past year, particularly financial hardship. There is some indication that the eldest beneficiaries are not as satisfied as others. There is not evidence here of substantial difference in beneficiary satisfaction or information seeking outcomes across sites, for racial minorities, or for other sub populations.

Appendix

Survey Questions Used to Define Outcomes in this Analysis

General satisfaction was measured by a single item:

4. I'd like to get your general impressions: how satisfied or dissatisfied are you with *information* you have about the Medicare program? Would you say you are . . . [READ LIST]

Very satisfied.....	1
Satisfied	2
Neither satisfied nor dissatisfied.....	3
Dissatisfied.....	4
Very dissatisfied.....	5
REFUSED	7
DON'T KNOW	8

The outcomes of information searches were measured for three selected topics:

Now I'd like to find out whether you've recently looked for information relating to health insurance and Medicare.

5. In the past year, have you *looked for information* about resolving a billing or claims question or about what medical services Medicare covers?
6. In the past year, have you *looked for information* about Medicare Medigap (supplemental) insurance policies?
8. In the past year, have you *looked for information* about HMOs or managed care?

For each of these topics, we asked about the results:

- 5f. Thinking of all the information you have received in the past year about resolving a billing or claims question, or about what medical services Medicare covers, how useful was the information in answering your question(s)? Was it . . . [READ LIST]

Very useful.....	1
Somewhat useful	2
Not useful at all (SKIP TO Q.5h)	3
REFUSED (SKIP TO Q.6).....	7
DON'T KNOW (SKIP TO Q.6)	8

<MEDANS2>

- 5g. IF "VERY USEFUL OR SOMEWHAT USEFUL," ASK: Did the information you received answer your questions?

YES (SKIP TO Q.6).....	1
NO	2
REFUSED (SKIP TO Q.6).....	7
DON'T KNOW (SKIP TO Q.6)	8